



**This accessibility passport is designed to support discussions around removing any barriers and maximising the potential of each employee and volunteer in the workplace. Everyone involved in the conversation should approach it with an open mind and willingness to consider all possible options that will ultimately deliver a happy compromise and how organisational and individual needs can and will be met.**

This passport can be completed by any employee or volunteer (in post or prior to starting) with a disability, impairment or mental or physical health condition that they believe is affecting or that may impact their role at present, or at some time in the future.

To get started have a discussion with your line manager, record what happens and the things you agree in this document. Your Local People Team is available for advice or for volunteers contact your Volunteer Advisor.

Individuals and line managers should ensure they are fully briefed on Barnardo's guidance on disability, impairments or health conditions (part 1 to 5) before completing the passport. Please see appendix at the back of the document for a full list of available resources and links. This is particularly important for line managers using this with individuals before their first day.

**Accessibility Passport for:**

Name:

**Individual's Line Manager:**

Name:



## Discussion outline

<p><b>Disability/ impairment/ physical or mental health condition</b></p>	<p><input type="checkbox"/> What is the nature of your disability, impairment, mental or physical health condition?</p> <p><input type="checkbox"/> How does your disability, impairment, mental or physical health condition impact on your job/volunteer role (if at all)?</p> <p><input type="checkbox"/> How does work impact on your disability, impairment, mental or physical health condition?</p> <p><input type="checkbox"/> Are these aspects on your day to day work activities constant?</p> <p><input type="checkbox"/> Have you had Access to Work support before? If for a similar role please share relevant details.</p> <p><input type="checkbox"/> Do you have any equipment that you have used previously that you wish to bring to Barnardo's? If so please detail.</p>
<p><b>How can we help?</b></p>	<p><input type="checkbox"/> Is any support currently in place?</p> <p><input type="checkbox"/> What additional support might be helpful?</p> <p><input type="checkbox"/> How can we best ensure your needs and the needs of your team/organisation can be met?</p>
<p><b>Help us help you</b></p>	<p><input type="checkbox"/> What early warning signs are there of you becoming unwell?</p> <p><input type="checkbox"/> What immediate support or adjustments would be helpful if you feel your health is becoming worse or needs change?</p> <p><input type="checkbox"/> Who should be contacted if you become unwell at work?</p> <p><input type="checkbox"/> Who else in the workplace needs to know about your condition (if anyone)?</p>
<p><b>How can you help?</b></p>	<p><input type="checkbox"/> Can you suggest any changes to the way in which you carry out your role that may help?</p> <p><input type="checkbox"/> Would it be helpful to complete a Wellness Action Plan?</p>
<p><b>Additional information</b></p>	<p><input type="checkbox"/> Note any additional questions or other areas to consider</p>



## Scenarios where adjustments may be required

Consider which are factors in your job role.

- Access/Exit/Mobility within building
- Working environment/layout/tidiness
- Work organisation and duties/supervision
- Training communication and information
- Working hours/shift work/night work
- Travelling/transport/car parking
- Lone/isolated working
- Work equipment
- Furniture
- Facilities and support e.g. lighting, desk fan
- General emergencies e.g. fire alarm
- Medical emergencies and first aid provision
- Personal care/ assistance with medication
- Attitudes/discrimination/harassment/ abuse
- Personal safety (violence at work)
- Allergies/dietary
- Stress level
- Chemicals/ substances/ infection sources
- Physical interventions in front line Children's Service roles



## Record of discussion – considering the options

<b>Disability/ impairment/ physical or mental health condition</b>	
<b>How can we help?</b>	
<b>Help us help you</b>	Discussion notes
<b>How can you help?</b>	Discussion notes
<b>Additional information</b>	Discussion notes

**Please keep this conversation alive and review this document regularly – at least each time circumstances/work place/role changes and/or on an annual basis.**



## Record of discussion – actions and agreements

**Record actions/ agreements. What?  
By whom?  
By when?**

Discussion notes

**Information to be shared (if at all) with work colleagues so they can understand and support the individual.**

Discussion notes

**Signed (Employee/Volunteer):**  **Date:**

**Signed (Line Manager):**  **Date:**

**Date of review:**

**Annual review date:**

**A copy of the passport and updates should be sent to the Local People Team who will confidentially log.**



## **Whether an adjustment may be made will depend on:**

- How effective the adjustments are likely to be.
- Your particular needs, not just the nature of your condition alone.
- The availability of financial and other assistance.
- The impacts of adjustments on the business and its effectiveness.

Where necessary the health and safety impact of any adjustment should be risk assessed.

Consideration of affordability should not be limited to service/team budget

## **Internal resources**

[Equality diversity and inclusion policy](#)

[Disability Guidance \(Parts 1 to 5\)](#)

## **External resources**

[Centre for accessible environments](#)

[Action on Hearing Loss](#)

[RNIB – supporting people with sight loss](#)

[Dyslexia Action](#)

[British Dyslexia Association](#)

[Mind](#)

[The National Autistic Society](#)